Revised 06/08

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## FORM-GB

Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state

	For office use only	
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Audited		<del></del>
Checked	j	
Comput	er	

DHS - Cherokee Mental Health Institute		
Name of Department or Office Cherokee, Iowa \$1012		
	City, State, Zip Code	
712 225 2594 Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	ICE:	
ONTACT PERSON FOR REGIFIER DEL ARTIMENT STOS		
Katelyn Matheny		
Name		
Mailing Address (if different from above)	City, State, Zip (If different from above)	
kmathen@dis.state.ja.us	Area Code & Telephone Number (if different from above)	
Emall Address	7100 0000 0 100	
ONOR OF GIFT OR BEQUEST:		
ONON OF ON TOXABLE		
Anonymous		
Name		
Mailing Address City, State, Zlp Code	June 20, 2019 \$120.00	
Mailing Address City, State, Zip Code	Date of Gift or Bequest Amount/Value*	
Area Code & Telephone Number	- <b>     </b>	
Alea Code & relephone number	*value is defined as *fair market value* of item as determined by receiving department or office. If no value mark *0.00*.	
Email Address (optional)		
Email Address (Ophoral)		
Provide a description of the gift or bequest and purpose thereof:		
Four large bags and two backpacks (full) of used cl	othing.	
Tour range ones and the onexpanse (company to the	v	
Criteria to use this form:	The state of the s	
¥	on elate or received by the Governor on behalf of the state.	
Receipt of any gift or bequest that is received by any department of the	se state of received by the covering of action of all actions	

[, Materyn Mattherny \_\_affirm that the gift or bequest reported above is accurate. I further affirm that the infor assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.